

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	1/30/01
FORMALITY REVIEW	h	905	5/01/01
RESPONSE FORMALITY REVIEW	TZ	943	09/28/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	0
8	0
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	0
20	0
21	0
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	0
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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10-8-8-01
 (011) 2046
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